

The City of Tempe Adapted Recreation Presents

Camp Challenge

What is Camp Challenge?

Camp Challenge is a summer day camp for youth and young adults ages 5-21 with intellectual/developmental disabilities. Campers get to enjoy arts & crafts, games, swimming, music, field trips and many other activities! Camp participants must be able to participate successfully in a 1:4 staff-to-participant environment.

When is Camp Challenge?

Camp is held Monday through Thursday, 8:00am - 2:00pm. Camp participants can be registered into one or both sessions. There is no camp on July 1st or 2nd, 2020 due to the holiday.

Session One: June 8th– June 30th, 2020

Session Two: July 6th –July 16th, 2020

Where is Camp Challenge?

Camp is at **two sites** this year and broken out by ages.

Our 17 year old and younger camp will be held at Holdeman Elementary School.

Holdeman Elementary is located at: 1326 W 18th St, Tempe, AZ 85281.

Our 18 year old and over camp will be at Westside Multigenerational Center.

Westside Multigeneration Center is located at: 715 West 5th Street Tempe, AZ 85281

How do I pay for Camp Challenge?

One Way: DDD/DES referral from Division of Developmental Disabilities is accepted (DTS hours)

Second Way: Out of pocket: Session One \$225, Session Two \$115.

What is the Registration Process for Camp Challenge?

Returning participants from 2019 must submit their registration paperwork no later than **Friday, April 10th, 2020** to secure their spot in camp. Any returning participant whose paperwork has not been received by **Friday, April 10th**, will **forfeit** their reserved spot.

Paperwork for **new participants** will be accepted and reviewed in the order it was received starting the week of **April 13th, 2020**. Paperwork will only be accepted three ways:

1. In person at the Recreation Services Office (Mondays - Fridays 8am - 5pm) on the second floor of the Tempe Public Library, 3500 S Rural Road, Tempe, AZ 85282,
2. By mail to the same address (ATTN: City of Tempe Adapted Recreation, Samantha Mason)
3. E-mail to adaptedrec@tempe.gov [please note registration will only be accepted at this email]

Registration paperwork can be downloaded at www.tempe.gov/adaptedrecreation or picked up in person at the Recreation Services Office on the second floor of the Tempe Public Library, 3500 S Rural Road.

City of Tempe Camp Challenge 2020 Registration Process

Step One – Submit Application and Related Paperwork

Please note: faxed documents will **not** be accepted.

Returning participants from 2019 must submit their registration paperwork no later than **Friday, April 10th, 2020** to secure their spot. Any returning participant whose paperwork has not been received by **Friday, April 10th, 2020** will forfeit their reserved spot.

New participants registration will be accepted and reviewed in the order it was received.

Registration may be submitted in person or by e-mail (adaptedrec@tempe.gov). Fax will not be accepted. If submitting in person, submit paperwork at the Recreation Services Division Office (Mondays - Fridays 8:00am – 5:00pm) on the second floor of the Tempe Public Library, 3500 S Rural Road, Tempe, AZ 85282, or by mail to the same address (attn: City of Tempe Adapted Recreation). If e-mailing paperwork, please e-mail to **adaptedrec@tempe.gov**.

The following documents are needed when submitting the application. **Missing paperwork will result in registration not being considered further until all documents have been submitted and received.**

Step Two – Schedule a Meeting for New Registrants

Upon receipt of all required documentation we will begin contacting applicants to schedule a meeting (for new participants). Please note that space is very limited. Once we have filled our pre-determined allotment of slots we will waitlist the remaining applications in the order they were received. Participants will not be waitlisted without the filled out registration submitted. It is possible that additional slots will come available, whether it is because we are able to increase our maximum number of slots or due to cancellations/withdrawals. At this point, we will go in order according to the waitlist. The purpose of the meeting is to ensure that the camp staff, child and parent(s)/guardian(s) have an opportunity to meet in person to discuss the program in detail, discuss and understand the wants and needs of the child, and ultimately determine if the program is appropriate for the child.

Step Three – Approve and Finalize Registration

Once a meeting has occurred between staff, the potential new participant and the child's parent(s)/guardian(s), staff will review and notify the parent(s)/guardian(s) within 3 business days regarding approval of admission. If the child is approved and uses DDD, you will need to provide the "Changes in the ISP" form. This is the official form from DDD that is used to finalize approval for all parties involved—DDD, City of Tempe and the parent(s)/guardian(s). Without the form we will not be able to officially register the child into the program. Sometimes the form is delayed by DDD, but the Support Coordinator may still be able to confirm approval of DTS hours. If this is the case, please let us know at the meeting.

Questions?

If you have questions regarding the registration process, please contact Samantha Mason at 480-858-2469 or Samantha_Mason@tempe.gov.

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov

Camp Challenge Registration Check List

Please use this checklist to help you prepare all the documents and items you need in order to submit a complete registration. Remember any registration that is not completed will not be accepted. If you have any questions about the items below or need guidance please feel free to reach out to Samantha Mason

Camp Challenge Registration Checklist [Paying with DDD hours]

- ☐ Completely fill out the 2020 Camp Challenge Registration.
- ☐ Supply a clear and clean photocopy photo of your participant.
- ☐ If using DDD, a copy of the participant's most recent Planning Team Meeting document. If you do not have a copy then a copy can be provided by your DDD Support Coordinator. This can be e-mailed as a PDF document (preferred to physical print due to size of document).
- ☐ Submit all items to Samantha Mason using one of the three ways:
 1. Email : **adaptedrec@tempe.gov**
Subject Line:
Camp Challenge Returning Participant 2020
 2. Mail:
ATTN: Adapted Recreation, Samantha Mason
3500 South Rural Road Suite 201
Tempe, AZ 85282
 3. Drop off at the address above

Camp Challenge Registration Checklist [Private Pay]

- ☐ Completely fill out the 2020 Camp Challenge Registration.
- ☐ Supply a clear and clean photocopy photo of your participant.
- ☐ A copy of the participant's most recent Individualized Education Plan (IEP). This can be e-mailed as a pdf document.
- ☐ Payment is not needed at the time of submitting the registration but is required 1 week prior to the start of each session.
- ☐ Submit all items to Samantha Mason using one of the three ways:
 1. Email : **adaptedrec@tempe.gov**
Subject Line:
Camp Challenge Returning Participant 2020
 2. Mail:
ATTN: Adapted Recreation, Samantha Mason
3500 South Rural Road Suite 201
Tempe, AZ 85282
 3. Drop off at the address above

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]
Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov



City of Tempe Adapted Recreation

Camp Challenge 2020 Registration

Hello my name is...

Participant Information:

Participants First and Last Name: _____

Date of Birth: _____ Gender: _____

School Attending: _____

Contact and Parent/Guardian Information

Street Address: _____

Apt/Unit Number: _____

City, State and Zip Code: _____

Parent/Guardian First and Last Name: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email Address #1: _____

Email Address #2: _____

Email Address #3: _____

Emergency Contact Information

This person would be contacted in the situation the parents/guardians listed above cannot be reached.

Emergency Contact First and Last Name: _____

Cell Phone: _____ Work Number: _____

Approved Pick Up List

Aside from the listed parent/guardian please identify people who are approved to pick up the participant from camp. Please note that identification will be requested at the time of pick up. If any names need to be removed/added please let Samantha Mason or Casey Riter know ASAP.

Pick up #1 Name: _____ Relationship: _____

Cell/Primary Contact: _____ Pick Up #3 Name: _____

Relationship: _____ Cell/Primary Contact: _____

Pick Up #2 Name: _____ Relationship: _____

Cell/Primary Contact: _____

Staff Use Only

Date Received

Time Received

Staff Initials

New or Returning

Completed Packet

Staff Notes:

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov

Program Attendance

Please mark the session/s your participant needs to be registered for and the expected daily attendance. Please note that participants are registered based on expected attendance. Days they are not scheduled may be filled by another participant.

☐ Session One: June 8th– June 30th, 2020
____ Mondays ____ Tuesdays ____ Wednesdays ____ Thursdays

☐ Session One: July 6th– July 16th, 2020
NO CAMP: July 1st and 2nd
____ Mondays ____ Tuesdays ____ Wednesdays ____ Thursdays

Are there any planned days you know your participant will not be attendance? Planned trips, attending a camp, therapy etc?

Payment Information

☐ Out of Pocket (cash, credit card or check) Payment is not due when submitting registration but is due 1 week before the start of each session.

DDD DTS Hours

☐ Camp Challenge is contracted with the State of Arizona Division of Developmental Disabilities to use DTS [Day Treatment and Training Summer] hours. Please contact your support Coordinator to confirm approval of hours. **MUST FILL THIS OUT PLEASE**

DDD Support Coordinator Name: _____

DDD Support Coordinator Phone: _____

DDD Support Coordinator Email: _____

Participant Information

Please fill out the following information regarding the participant to the best of your ability in order to help Camp Challenge staff better understand the wants and needs of the participant. Please attach additional sheets of information if more space is needed.

What is the participants IDD Diagnosis?

If the participant is returning from last year, have there been any important changes that have taken place that the staff should be aware of?

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov

Participant Information [continued]

What kind of classroom environment and support does the participant currently have at school?

☐ Inclusion Class ☐ Special Ed 1:4 Class ☐ Special Ed 1:3 Class ☐ Special Ed 1:2 Class

Other [please explain]: _____

Is the participant known to:

1. Interact well with others? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

2. Be Cooperative with Peers and Adults?

☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

3. Express their needs? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

4. Walk or run away from supervised areas?

☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

5. Hit or strike others? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

6. Use foul language? ☐ Never ☐ Rarely ☐ Occasionally ☐ Often ☐ Regularly

Additional details and information:

Participant Reactions

Please fill this out to the best of your knowledge so we can create the best environment for your participant. Please use this space to describe any strategies, methods of communication, environmental stimulation and other situations that the participant will respond positively or negatively to in order to best help our staff communicate and serve our participants.

Positively responds to:

Negatively responds to:

Staff Notes [for staff use only] :

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov

Participant Activities Interest From

Please mark activities of interest for the participant.

Art & Personal Expression

☐ Arts and Crafts ☐ Coloring ☐ Drawing ☐ Journaling/Writing ☐ Painting ☐ Physical Art Media

Games

☐ Board Games ☐ Card Games ☐ Puzzles ☐ Outdoor Games ☐ Inside Quiet Games

Life Skills

☐ Cooking & Baking ☐ Community Trips ☐ Money Management ☐ Independent Living Skills

Music

☐ Karaoke ☐ Listening to Music ☐ Musical Instruments ☐ Musical Therapy ☐ Media

Physical Activities

☐ Dance ☐ Exercise ☐ Playground ☐ Sports ☐ Specialized Activities: Yoga, Zumba, Karate

Technology Based Activities

☐ Computers ☐ Movies ☐ Tablets ☐ Video Games

Suggestions and Ideas

If your participant has some ideas they would like to share about other activities they enjoy that are not listed please fill out the space below. New ideas are always welcomed and we love introducing things our participants want to engage in!

Thank you!

Camp Challenge Contact Information:

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Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov

Medical Administration

If necessary, medication can be dispensed by the Camp Challenge Program Coordinator or another responsibly designated Camp Challenge staff person with the permission of the camp participant's parent/guardian. Please ensure that the medication provided to Camp Challenge is in the original container and in the correctly designated quantity.

Participants First and Last Name

☐ Participant **WILL** need medication administered at Camp Challenge

☐ Participant will **NOT** need medication administered at Camp Challenge

Medication #1

Time of day administered

Dosage

Instructions

Other Information

Medication #2

Time of day administered

Dosage

Instructions

Other Information

Medication #3

Time of day administered

Dosage

Instructions

Other Information

Medication #4

Time of day administered

Dosage

Instructions

Other Information

As a parent/guardian, I give permission to the Recreation Coordinator and/or Program Coordinator to administer the above medication[s] as described during Camp Challenge program hours. I fully understand that neither one of these individuals are medical professionals.

Parent/Guardian Name

Signature

Date

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

Camp Challenge Registration Submittal Email: adaptedrec@tempe.gov

Permissions and Waivers

Participants First and Last Name

Meal Program

Tempe Elementary School District offers an on-site meal program at no cost for the camp participants in our program. We need to determine in advance the number of camp participants that will be using the meal program. The meal calendar is determined by the school district; there is no guarantee that the meal being offered would be appropriate to the child's dietary needs. Please designate whether the child will be eating a meal from the meal program, or eating their own provided meal.

BREAKFAST

- ☐ The participant WILL be eating breakfast on site provided by
- ☐ The participant WILL NOT be eating breakfast on site provided by the school. They will bring their own breakfast or eat prior to camp.

LUNCH

- ☐ The participant WILL be eating lunch on site provided by the
- ☐ The participant WILL NOT be eating lunch on site provided by the school. They will bring their own lunch to Camp Challenge.

Dietary Restrictions or Allergies

Please list any dietary restrictions, allergies or things we need to be aware of when it comes to your participant and food.

Swimming Permission

Swimming takes place in an indoor pool at the Kiwanis Recreation Center. For those that are familiar with the pool, it does NOT function as a wave pool when we use it. The pool has a zero-depth, beach-style entry. Lifeguards are on duty and camp staff are in the pool supervising and interacting with participants during swim time.

Any participants who attend camp on the day of swimming and do not swim, whether it's by choice or for another reason, will still accompany the camp to the pool and will stay in a staff-supervised classroom where they will have the opportunity to do activities during swim time.

Important:

- Due to public health concern and safety, if a participant normally wears diapers then he/she must come prepared with swim diapers specifically designed to be worn for swimming otherwise they will not be allowed in the water.
- If a participant is displaying symptoms of not feeling well, the participant will be kept out of the water and will not be with the supervised group.

Camp Challenge Contact Information:

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Permissions and Waivers [continued] —Must have signatures unless denying services on this page

Swimming Permission [continued]

- ☐ Participant has permission to participate in swim days at the Kiwanis Recreation Center. When the participant cannot swim, I will pick them up before camp leaves the site or they will be kept out of the swimming pool in a supervised area. Participants are not left on camp site on swim days.

Participants Swim Level

- ☐ **Advanced:** participant is fully capable of swimming from one side of the pool to the other with ease and can tread water and is generally independent when in a pool
- ☐ **Intermediate:** participant is able to swim and tread water but for shorter periods of time and/or with less skill.
- ☐ **Beginner:** participant has never swam or is inexperienced and needs a personal flotation device while in the water.
- ☐ **Safety Device Required:** please check and note if a safety device is required to be in the pool, such as a vest/flotation device.

Additional Notes to create the safest and best environment for your participant:

- ☐ My child will **NOT** be swimming on swim days. If the individual will not be swimming, they may still accompany the camp to the swimming facility, but they will stay in a staff supervised classroom environment during swimming. You also have the option of picking up the participant prior to the camp leaving for swimming.

Parent/Guardian Name

Signature

Date

Transportation Permission

I give permission for the above named participant to be transported in a vehicle by The City of Tempe during Camp Challenge.

By signing this document, I acknowledge that I understand the Release of Liability and agree to hold harmless and indemnify The City of Tempe Adapted Recreation, its directors, officers, employees, agent and volunteers from and against any and all claims of whatsoever kind or nature, which I, my family member or any other person may have for any losses, damages or injuries arising out of or in connection with my program participant riding in a vehicle provided by The City of Tempe Adapted Recreation.

Camp Challenge Contact Information:

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Permissions and Waivers [continued] —Must have signatures unless denying services on this page

City of Tempe Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

I have read and clearly understand the statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it on my own free will.

Signature of Participant [or Parent/Guardian if under 18 or not own guardian]

Date

In Case of Emergency

In the case of an emergency, I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for the health and safety of the identified participant:

☐ YES

☐ NO

Name of Preferred hospital, if known

Name of Preferred doctor, if known

Signature of Participant [or Parent/Guardian if under 18 or not own guardian]

Date

Camp Challenge Contact Information:

Samantha Mason | Samantha_mason@tempe.gov | 480-858-2469 [desk]

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